

MAY. 9. 2006 3:53PM

MOFO 28TH FL

RECEIVED  
CENTRAL FAX CENTER

NO. 559

P. 1

MAY 09 2006

MORRISON | FOERSTER

425 MARKET STREET  
SAN FRANCISCO  
CALIFORNIA 94105-2482TELEPHONE: 415.268.7000  
FACSIMILE: 415.268.7522

WWW.MOFO.COM

MORRISON & FOERSTER LLP  
NEW YORK, SAN FRANCISCO,  
LOS ANGELES, PALO ALTO,  
SAN DIEGO, WASHINGTON, D.C.  
DENVER, NORTHERN VIRGINIA,  
ORANGE COUNTY, SACRAMENTO,  
WALNUT CREEK, CENTURY CITY  
TOKYO, LONDON, BEIJING,  
SHANGHAI, HONG KONG,  
SINGAPORE, BRUSSELS

To:

NAME:	FACSIMILE:	TELEPHONE:
U.S. Patent and Trademark Office ATTN: CENTRALIZED FAX CENTER	(571) 273-8300	(571) 272-4105

FROM: Peter Yim  
Reg. 44,417

DATE: May 9, 2006

Number of pages with cover page:	6	
-------------------------------------	---	--

Preparer of this slip has confirmed that facsimile number given is correct:

PJY1/8566**CAUTION - CONFIDENTIAL**

This facsimile contains confidential information which may also be privileged. Unless you are the addressee (or authorized to receive for the addressee), you may not copy, use, or distribute it. If you have received it in error, please advise Morrison & Foerster LLP immediately by telephone or facsimile and return it promptly by mail.

**Comments:****PLEASE PROCESS THE ATTACHED.**

U.S. Patent Application Serial No. 10/799,061  
For: SELECTING DIE PLACEMENT ON A SEMICONDUCTOR  
WAFER TO REDUCE TEST TIME  
By: Eitan CADOURI  
Our Reference: 52432-20012.00

Attached is the following:

1. Transmittal (1 page)
2. Fee Transmittal (in duplicate, 2 pages)
3. Petition for Extension of Time (1 page)
4. Notice of Appeal (1 page)

MAY 09 2006

Please type a plus sign inside this box 

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

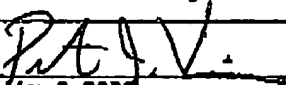
PTO/SB/21 (09-00)

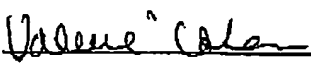
Approved for use through 10/31/2002. OMB 0621-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/799,061
		Filing Date	March 12, 2004
		First Named Inventor	Eitan CADOURI
		Group Art Unit	2829
		Examiner Name	J. Hollington
Total Number of Pages in This Submission	5	Attorney Docket Number	524322001200

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate, 2 pages) <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (1 page) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to Group (1 page) <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below)  Facsimile Cover Sheet (not counted as part of this submission)
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual Name	MORRISON & FOERSTER LLP (Customer Number 20872) Peter J. Yim - Reg. No. 44,417
Signature	
Date	May 9, 2006

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (671) 273-8300, on the date shown below.	
Dated: May 9, 2006	Signature:  (Valerie Cohen)

sf-2127273

MAY 09 2006

PTO/SB/17 (01-06)

Approved for use through 7/31/2006. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
<b>FEE TRANSMITTAL</b>		Application Number	10/799,081
<b>For FY 2006</b>		Filing Date	March 12, 2004
		First Named Inventor	Eitan CADOURI
		Examiner Name	J. Hollington
		Art Unit	2829
		Attorney Docket No.	524322001200
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
<b>TOTAL AMOUNT OF PAYMENT</b>	<b>(\$)</b> 620.00		


  

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account    Deposit Account Number: <u>03-1952</u> Deposit Account Name: <u>Morrison &amp; Foerster LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)																									
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>																									
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)																		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)																			
Utility	300	150	500	250	200	100	0.00																		
Design	200	100	100	50	130	65																			
Plant	200	100	300	150	160	80																			
Reissue	300	150	500	250	600	300																			
Provisional	200	100	0	0	0	0																			
<b>2. EXCESS CLAIM FEES</b>																									
Fee Description							Small Entity Fee (\$)																		
Each claim over 20 (including Reissues)							50																		
Each independent claim over 3 (including Reissues)							200																		
Multiple dependent claims							360																		
<table style="width: 100%; border-collapse: collapse;"> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> <th colspan="2">Multiple Dependent Claims</th> </tr> <tr> <td>16</td> <td>20</td> <td>0</td> <td>0.00</td> <td>Fee (\$)</td> <td>Fee Paid (\$)</td> </tr> <tr> <td colspan="4"></td> <td>360</td> <td>0.00</td> </tr> </table>							Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		16	20	0	0.00	Fee (\$)	Fee Paid (\$)					360	0.00	
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims																					
16	20	0	0.00	Fee (\$)	Fee Paid (\$)																				
				360	0.00																				
<table style="width: 100%; border-collapse: collapse;"> <tr> <th>Indep. Claims</th> <th>Extra Claims</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> </tr> <tr> <td>3</td> <td>3</td> <td>0</td> <td>0.00</td> </tr> </table>							Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	3	3	0	0.00											
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)																						
3	3	0	0.00																						
HP = highest number of independent claims paid for, if greater than 3.																									
<b>3. APPLICATION SIZE FEE</b>																									
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(e).																									
<table style="width: 100%; border-collapse: collapse;"> <tr> <th>Total Sheets</th> <th>Extra Sheets</th> <th>Number of each additional 50 or fraction thereof</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> </tr> <tr> <td>- 100 =</td> <td>150</td> <td>(round up to a whole number) x</td> <td></td> <td></td> </tr> </table>								Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)	- 100 =	150	(round up to a whole number) x										
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)																					
- 100 =	150	(round up to a whole number) x																							
<b>4. OTHER FEE(S)</b>																									
Non-English Specification, \$130 fee (no small entity discount)																									
Other (e.g., late filing surcharge): 1251 Extension for response within first month							120.00																		
1401 Notice of appeal							500.00																		

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	44,417
Name (Print/Type)	Peter J. Yim	Telephone	(415) 268-6373
		Date	May 9, 2006

sf-2127247